

OUR HAXBY COMMUNITY

Minutes of PPG Meeting held on Thursday 8 June 2023, 18:00 – 19:30 at Gale Farm Surgery

1. Present

Patient and Community Representatives: Rory Dalgliesh (Chair), Pat Ansell (Secretary), Mark Guilford, Jo Holland, Jo Cole, Natalie Heijm, Laura McVeigh (Social Prescriber), Lydia Wiffen, Josie Clarke, Pam Heydecke, Rex Lees, Glyn Newberry (CYC Health Trainers),

Haxby Group: Dr Drew Bradman (GP and GMS lead for York), Dr Daniel Kimberling (GP and Nimbuscare), Nicole Zannikos (Assistant General Manager, York), Steve Reed (Haxby Group Chief Operating Officer)

Apologies for absence: Glyn Jones, Andy Waite (Age UK), Edie Jones, Steph Cooper (RAY; Steph has now moved area), Jo Coles, Penny Suckling, Anne Hook, Maureen Horner, Sue Glenton

2. Minutes of the last meeting / Matters arising

Update on action agreed at the last meeting: It's not clear what action has been taken on our request for a dropped tactile kerb for the car park entrance at Haxby & Wigginton HC – Nicole Zannikos will follow this up.

3. Access to appointments

Dr Drew Bradman described the triage process behind the allocation of patient appointments at Haxby Group and answered questions as they were raised:-

- All requests for appointments made by patients whether online, by telephone, or in person at a surgery go through the same triage process.
- All requests are triaged as they come in by one of 4 experienced GPs who make the decision as to how urgent each request is and how soon each patient needs to be seen.
- The triage GP decides which clinician is most appropriate to see the patient – the aim is for the patient to be seen by the right person first time.
- Over 90% of requests are for routine GP appointments.
- Approximately 75% of appointments are now face to face although some patients request and prefer telephone appointments.
- More than 50% of urgent 'on the day' patients are seen by non-doctors (Advanced Care Practitioners, Nurses, Physios, Physician Associates etc) who all have a named a GP as back-up.
- Patients who do not need to be seen urgently are added to a waiting list – there are currently no patients on the waiting list who have waited more than 4 weeks.
- If a patient wishes to see a particular GP, they can request this, although it may mean waiting longer for an appointment.
- Over last winter the waiting list grew to 2000 with patients waiting 10-12 weeks to be seen.

- This was extremely stressful for GPs as well as patients and 7 Haxby GPs have worked extra sessions on Saturdays solely to clear the waiting list backlog. Patients present at the meeting thanked them for doing this.
- GPs are not paid under the NHS contract to take bloods but do provide some appointments for patients who have difficulty accessing other services. Preferably, patients should take their blood test request forms to the services provided at the Community Stadium and at York Hospital. Both are 'walk-in' services and sometimes have long wait times though they are efficient and experts at taking blood.
 - A patient at the meeting asked GPs to make clear to patients on blood forms in future that a 'fasting' blood test means the patient must have no food *or* drink before the test or blood can't be taken and a new appointment must be made.
- Medication reviews were mentioned by several patients at the meeting as causing difficulty as they no longer receive paper prescriptions or other reminders, didn't always know when reviews were due, and on occasion this meant they could not order their routine medications in time and ran out. GPs try to keep on top of medication reviews but said they'd investigate a system for patient reminders too.
- Some patients felt that, historically, there had been an imbalance between Haxby surgery areas in access to appointments though this now appears to have been resolved.
- The new GP contract is unlikely to change anything as Haxby Group have already been doing most things in the new contract.

4. Nimbuscare

Dr Daniel Kimberling is one of the Medical Directors at Nimbuscare in addition to being a GP Partner at Haxby Group. He described the role of Nimbuscare in local GP and community services and dealt with the perception amongst some patients that Nimbuscare is somehow a private enterprise outside the NHS. All profits from contracts are ploughed back into Nimbuscare and the local community.

- Nimbuscare is a collaboration of the 11 GP practices in York. Each practice has one seat on the governing body, so they are equally represented, regardless of size.
- It was initially set up in 2016 to hold the NHS contract for extended access to GP services.
- Nimbuscare is a tool practices can use to collectively provide services each would lack the resources to do alone – e.g., menopause clinic, healthcare for asylum seekers in the city, the winter babies' and children's assessment and treatment centre at Askham Bar Community Care Centre held with paediatric nurses from York Hospital
- Nimbuscare acts as a safety shield for York practices who can support each other when necessary.
- Patients are asked to consent for Nimbuscare appointments for GRPD compliance reasons, even though patients are essentially seeing the same group of GPs.
- The best known of Nimbuscare's services is the local and national covid vaccination centre at Askham Bar Community Care Centre. There is also a special outreach team aiming to vaccinate all homeless people in the community.
- An additional clinic for taking bloods is about to start at Askham Bar in collaboration with York Hospital, which will benefit patients that side of the city.

- Acomb Garth, the second of Nimbuscare's two Community Care Centres, opened in 2022 and has a bigger space for clinics, community activities and charities, e.g., evening and weekend GP appointments, community midwife, ultrasound clinics, MSK (physio) pain clinics, Dementia Wellbeing Café, health checks.

5. Communication

The importance of improving communication between the practice and its patients was highlighted by discussion about changes in the provision of GP services, especially in patient access to appointments and Nimbuscare. It was agreed that patient representatives on the PPG need to work with the practice to achieve this. It was suggested we should discuss setting up a working group at the next meeting.

6. AOB

- a. Audio recording of future PPG meetings plus software transcription of recordings was agreed so that those unable to be present could access recordings afterwards. Care needs to be taken by those present not to reveal personal medical information.
- b. Nicole Zannikos reported that staff retention has now improved but the job market remains very competitive, and recruitment was still a problem.

7. The meeting closed at 19.30. Date of next meeting in September to be advised.